



Application No: 10/058,708

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants(s): Kay Hellig, et al.

Title: SYSTEM FOR FORMING A SEMICONDUCTOR DEVICE AND  
METHOD THEREOF

App. No.: 10/058,708 Filed: January 28, 2002

Examiner: Luhrs, Michael K. Group Art Unit: 2824

Atty. Dkt. No. 1458.TT4978

April 11, 2003

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT/RESPONSE

Dear Sir:

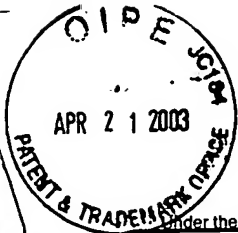
In response to the Office Action mailed March 11, 2003 regarding the above captioned patent application, the Applicants(s) hereby respectfully submit the following amendment and response.

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*Election  
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Luhrs  
4/25/03*

04/22/2003 NMOHAMM1 00000008 010365 10058708

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PTO/SB/21 (01-03)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/058,708	
	Filing Date	01/28/2002	
	First Named Inventor	Kay Hellig, et al.	
	Art Unit	2824	
	Examiner Name	Michael K. Luhrs	
Total Number of Pages in This Submission	8pp + 4 cited refs.	Attorney Docket Number	1458.TT4978

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Copies of Cited References
Remarks		RECEIVED APR 23 2003 TECHNOLOGY CENTER 2800

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	J. Gustav Larson, Reg. No. 39,263
Signature	<i>J. Gustav Larson</i>
Date	4-11-03

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Typed or printed	Katrina Prati		
Signature	<i>Katrina Prati</i>	Date	4/11/03

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